

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

BRING OHIO BACK

(b) Address (number and street) ☐ check if different than previously reported

812 HURON ROAD SUITE 890

(c) City, State and ZIP Code

CLEVELAND

OH

44115

### 2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement ☒ New  
or  
☐ Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2007  
through  
M M / D D / Y Y Y Y  
10 / 10 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title BEER GUT  
10 / 09 / 2008

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: \_\_\_\_\_

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☐ No ☐

### 8. Custodian of Records

(a) Name

MARY GRACE MCGUIRK

(b) Address (number and street)

812 HURON ROAD

(c) City, State and ZIP Code

CLEVELAND

OH

44115

(d) Name of Employer or Principal Place of Business

SELF

(e) Occupation

CONSULTANT

9. Total Donations This Statement 1103600.00

10. Total Disbursements/Obligations This Statement 305000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM MARY GRACE MCGUIRK

SIGNATURE Electronically Filed by MARY GRACE MCGUIRK

DATE 10/10/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.